U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

Ε

1. File Number U -

Name Alexa

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any 672

V Gow

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name International Union of Bricklayers & Allied Cr

4. Name, file number, and address of labor organization.

P.O. Box, Building and Room Number, if any Suite 600

Labor Organization File Number 000-034

<u> </u>	Date Telephone Number
Signed Olivar. Pour	On 08/04/2005 202-383-3251
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the
্না হৈছিল বিষয়ে এই বিষয়ে ইয়া হৈছে ইয়া হৈছে ১৯০০ জন্ম হৈছে হৈছিল হৈছিল ক্ষিত্ৰ কৰে কৰে কৰে কৰে কৰে কৰে কৰে হৈছিল বিষয়ে বিষয়ে বিষয়ে ইয়া হৈছে ১৯০০ জনকা ১০০০ জনকা হৈছিল ক্ষিত্ৰ হৈছিল কৰিছেল কৰিছেল কৰিছেল কৰিছেল কৰিছে	
State : Semityakan nuone marya isas kan ordanistas. Bate : den ar isa nang ZIP Code + 4 50 gramatikan isas	and the Procession of sections and place of the section of the sec
Dity and the squares of the contract of the squares of the contract of the squares of the contract of the cont	The Clark and the confit four examination of the name
Street	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
rade Name, if any:	
lame	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
en representation and management to	The Contraction of the Contracti
Position in labor organization. Computer Training Specialist	, a, where the construction acquire
ate District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006
Washington	City Washington
treet 1776 Eye Street, NW	Street 1776 Eye Street, NW

Name of Person Filing Alexa Gow	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name International Masonry Institute	a. Labor Organization	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 42 East Street	o. c.npidyer	
City Annapolis		
State Maryland ZIP Code + 4 21401		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	payments are made to the International Masonry Institute pursuant to collective bargaining	
Trade Name, if any:	agreements negotiated by the Union	
P.O. Box, Bldg., Room No., if any		
Street	11 h Angrovimata dallar value of such dealing 1 LA VA IA . \	
City	11.b. Approximate dollar value of such dealing. UNKNOWN 12.a. Nature of interest held or income received.	
State ZIP Code + 4	expense reimbursement (lodging/meals/taxi fare/mileage) for IMI meetings (Contractor College and ICP) held during the year.	
	12.b. Amount. \$1,051	
	77.53	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	